The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 60

02419

1. PLACE OF DEATH- COUNTY Caroline	MARYLAND	2. USUAL RESIDENCE ( STATE Mary 1		COUNT	caroli.	ne
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN	AL and LENGTH OF STAY (in this place)	CITY (If outside corpo		AL and giv	e nearest tow	n)
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONO		STREET ADDRESS	(If rural, give None	location)		
3. NAME OF (First) DECEASED (Type or Print) Mattie	(Middle)	(Last) exander	4. DATE () OF DEATH	Month)	(Day) 25	(Year)
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	8. DATE OF BIRTH 1/18/1877	9. AGE last birthday	If under Months	l year If und Days Hour	er 24 Ara
10a. USUAL OCCUPATION (Give kind of work done dwring most of working life, even if retired)		II. BIRTHPLACE (State		12	CITIZEN OF	WHAT . A .
13. FATHER'S NAME John Walls		No Record				
15. Was DECRASED EVER IN U.S. ARMED FORCES (Yeshing or unknown) (If yes, give war or dates service)	of None	Howard Bickl		del.	Maryla	nd
I. DISEASES OR CONDITIONS DIRECTLY  Immediate cause  (a)  (A) // Antecedent cause(s)	LEADING TO DEATH Chronice In	yogarelete	(as Cular a	D	INTERVAL B ONSET AND	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	esteurs clerice	Con de vivo	uscura i	Noli	ral	
19a. DATE OF OPERATION 19b. MAJOR		poures_			20. AUTOI	PSYT
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STAT	No [
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?			
22. I hereby certify that I attended th	M			1		
SIGNATURE X Men X Men X	(Degree of little)	Lieushi	causes and on the	date sta	ated above. DATE SIG	GNED SS7
23. BURIAL, CREMATION DATE THERE REMARKALQ(Specify) 3/28/5]	Templevil	le			rylan	
DATE REC'D BY LOCAL REGISTRAR'S REG. 3/28/57	on mile	2 FUNERAL DIRECTO	ingo Er	cess	Loco	Md.

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2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02420

- 1. PLACE OF DEAT	н.		2. USUAL RESIDENCE (1	IOME OF DE	CEASED.		
COUNTY			STATE -		COUN	TY	
CAN	Caroline	MARYLAND	Mary]			Car	oline
OR give nearest	corporate limits, write RUR.	(in this piece)	CITY (If outside corpora	ite limits, write	RURAL and	zive neare	st town)
OR give nearest TOWN	Rural Ridge	1V (in this place)	TOWN Rura	1 Ridge	alv		
HOSPITAL OR			STREET		give location)		
INSTITUTION OF		None	ADDRESS	Non	na		
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Sarah	Jane	Bailev	DEATH	3	23	1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hir	thday   If unde	er I vear	III under 24 hra
าล	007	WIDOWED, DIVORCED,	12/25/1874	W C	Month	s Days	Hours   Min.
100 VISUAL OCCUP	ATION (Give kind of work	(Specify) j dowed		76	yrs.	10.0	
done during most of v	werking life, even if retired)	INDUSTRY	11. BIRTHPLACE (State o	r toreign country	9)	COUNTE	EN OF WHAT
	working life, even if retired)	None	Maryland			COUNT	S.A.
13. FATHER'S NAM	1E		14. MOTHER'S MAIDEN	NAME			
	James Wils	on		Julia	Mille	94	
15. WAS DECRASED E	UPP IN IIS APPED FORCES	7 1 16 Socrat Spormery No.	17. INFORMANT AND		11111110	1	
(Yes, no, og unknown)	(li yes, give war or dates o	of l				3.0	
NO	service)	None	Anna Davenpo	rt Ric	igely.	Mary	land
1		18. MEDICAL CE	RTIFICATION	0		1	
T DISEASES OF CO	ONDITIONS DIRECTLY	LEADING TO DEATH		.//			IVAL BETWEEN
I. DISEASES ON CO	ONDITIONS DIRECTLI	DEATH TO DEATH	-		-	ONRE	T AND DEATH
		ecchal Des	weekens a	George.	Man		
331x Immediat	e cause (a)					4	******************
	The second secon		/ /////				
	mt compa(a)	/// / / //	/// ///	//			
	nt cause(s)	(Brokenst 4)	con a de Calo	era ble	Beus	d>	
Diseases or giving rise t	conditions, if any, (b)	Gelal + 9	ense Esta	en to	keus 1	G	A Adoption of the last of the
Diseases or giving rise t	conditions, if any, (b)	Geekal + G	west Cile	us ke	kevs 1	5	*********************
Diseases or giving rise t	conditions, if any, (b)	auchal + G	enal Celo	us k	kevs 1		ik dalay meny y igini maya <u>ng many malamatiki a pap</u> ig
Diseases or giving rise t stating the u	conditions, if any, (b) of the above cause underlying cause last (c)	Quehal + 9	>	us ko	kivs 1		
Diseases or giving rise t stating the u	conditions, if any, (b)	Quehal + 9	mest Cele	us Ko	kivs 1		
Diseases or giving rise to stating the u	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat		>	us ke	kevs 1		Almo Dog Va
Diseases or giving rise to stating the u	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat	ch.  FINDINGS OF OPERATION	mas Cils	un ku	bivs 1	20. A	UTOPSY?
Diseases or giving rise to stating the u	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat		>	en fe	kivs 1	20. A	
Diseases or giving rise t stating the use the stating the use of the stating related to the disease of the stating related to the disease of the stating rise of the stating r	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death hut not use or condition causing death (RATION 19b. MAJOR I)  (Specify) PLA	FINDINGS OF OPERATION  CE (Home, farm, factory, street,	(CITY OR T	OWN)	(COUNT)	Yes	
Diseases or giving rise t stating the unit of the unit	conditions, if any, (b), o the above cause anderlying cause last (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat causing deat condition causing deat causing deat condition causing deat causing de	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN)	(COUNT)	Yes	□ No □
Diseases or giving rise to stating the use of the stating the stating the use of the stating the	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INJI	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bldg., etc.)  TRY			(COUNT)	Yes	□ No □
Disease or giving rise to stating the unit of the disease of giving rise to stating the unit of the disease of	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INJI	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  INJURY OCCURRED  While at Not White	(CITY OR T		(COUNT)	Yes	□ No □
Diseases or giving rise t stating the use the stating the use of the stating related to the disease of the stating the use of the stating the stating rise of the stating r	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INJI	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  IRY  INJURY OCCURRED			(COUNTY	Yes	□ No □
Diseases or giving rise t stating the use the stating the use of stating the use of the stating results of the stating rise of the	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death hut not lase or condition causing deat (RATION 19b. MAJOR I)  (Specify) PLA OF INJU  (Day) (Year) (Hour) m.	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  INJURY OCCURRED  While at Not While  Work At work	HOW DID INJURY OC	CUR?		Yes (	No No (STATE)
Diseases or giving rise t stating the use the stating the use of the stating related to the disease of the stating the use of the stating the use of the stating rise of th	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death hut not lase or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INJI  (Day) (Year) (Hour) m.	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  INJURY OCCURRED  While at Not While  Work At work   e deceased from the street.	How did injury occ	CUR?	that I last	Yes Y) (	No (STATE)
Diseases or giving rise t stating the use the stating the use of the stating related to the disease of the stating the use of the stating the use of the stating rise of th	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death hut not lase or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INJI  (Day) (Year) (Hour) m.	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  INJURY OCCURRED  While at Not While  Work At work   e deceased from the street.	How did injury occ	CUR?	that I last	Yes Y) (	No (STATE)
Diseases or giving rise t stating the use the stating the use of the stating related to the disease of the stating the use of the stating the use of the stating rise of th	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death hut not lase or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INJI  (Day) (Year) (Hour) m.	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  INJURY OCCURRED  While at Not While  Work At work   e deceased from the street.	How did injury occ	CUR?	that I last	Yes Y) (	No (STATE)
Diseases or giving rise t stating the use the stating the use of the stating related to the disease of the stating the use of the stating the use of the stating rise of th	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death hut not lase or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INJI  (Day) (Year) (Hour) m.	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  INJURY OCCURRED  While at Not While  Work At work	How did injury occ	CUR?	that I last	Yes Y) (	No (STATE)
Diseases or giving rise t stating the use the stating the use of the stating related to the disease of the stating the use of the stating the use of the stating rise of th	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death hut not lase or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INJI  (Day) (Year) (Hour) m.	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  INJURY OCCURRED  While at Not While  Work At work   e deceased from the street.	How did injury occ	CUR?	that I last	Yes Y) (	No (STATE)
Diseases or giving rise t stating the use the stating the use of the stating related to the disease of the stating the use of the stating the use of the stating rise of th	conditions, if any, o the above cause anderlying cause last  (c)  ICANT CONDITIONS uting to the death hut not also or condition causing death case or condition causing death (OF INJI)  (Specify) PLA OF INJI  (Day) (Year) (Hour) m.	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  IRY  INJURY OCCURRED  While at Not White  Work At work   e deceased from M  (Digree or title)	How DID INJURY OCC. 195, to Man	CUR?	that I last	saw the	No (STATE)
Diseases or giving rise to stating the unit of the disease of giving rise to stating the unit of the disease of	conditions, if any, other above cause anderlying cause last  (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat cause or condition causing deat cause of condition causing deat cause of condition causing deat cause of condition causing deat cause or cause or cause of cause or ca	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  IRY  INJURY OCCURRED  While at Not White  Work At work   e deceased from M  (Digree or title)	How DID INJURY OCC. 195, to Man	CUR?	that I last	saw the	No (STATE)
Diseases or giving rise to stating the unit of the uni	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat (RATION 19b. MAJOR IST (Specify) PLAOF (NT)  (Day) (Year) (Hour) m.  Lify that I attended the condition of the condition causing death with the condition of the condition o	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  IRY  INJURY OCCURRED While at Not White Work At work  e deceased from Man. 1  OF NAME OF CEMETE	How DID INJURY OCC., 195, to Man	CUR?	that I last	saw the stated a DA7	No Distance deceased bove.
Diseases or giving rise to stating the use the stating the use of the use o	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat (RATION 19b. MAJOR ISTATION (Specify) PLAOF INJI  (Day) (Year) (Hour) m.  Lify that I attended the condition cause of condition causing deat (Specify) PLAOF INJI  (Day) (Year) (Hour) m.	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  IRY  INJURY OCCURRED  While at Not White  Work At work   e deceased from M  (Digree or title)  OF NAME OF CEMETE  Hamond to	How DID INJURY OCC.  3.25P. m., from the ADDRESS  RY OR CREMATORY  WIN	CUR?  3, 1951, causes and o	that I last	saw the stated a DAT	e deceased bove. FE SIGNED  (State)
Diseases or giving rise to stating the unit of the disease of giving rise to stating the unit of the disease of	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat (RATION 19b. MAJOR ISTATION (Specify) PLA OF INJI  (Day) (Year) (Hour) m.  Lify that I attended the condition cause of the condition causing deat (Specify) PLA OF INJI  (Day) (Year) (Hour) m.	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  IRY  INJURY OCCURRED  While at Not White  Work At work   e deceased from M  (Digree or title)  OF NAME OF CEMETE  Hamond to	How DID INJURY OCC., 195, to Man	CUR?  3, 1951, causes and o	that I last	saw the stated a DAT	No Distance deceased bove.
Diseases or giving rise to stating the unit of the disease of giving rise to stating the unit of the disease of	conditions, if any, o the above cause underlying cause last  (c)  ICANT CONDITIONS uting to the death but not use or condition causing deat (RATION 19b. MAJOR ISTATION (Specify) PLA OF INJI  (Day) (Year) (Hour) m.  Lify that I attended the condition cause of the condition causing deat (Specify) PLA OF INJI  (Day) (Year) (Hour) m.	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  IRY  INJURY OCCURRED  While at Not White  Work At work   e deceased from M  (Digree or title)  OF NAME OF CEMETE  Hamond to	How DID INJURY OCC.  3.25P. m., from the ADDRESS  RY OR CREMATORY  WIN	CUR?  3, 1951, causes and o	that I last	saw the stated a DAT	e deceased bove. FE SIGNED  (State)

MATERIAN SATES DESCRIPTION OR MATERIAL

### CERTIFICATE OF DEATH

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Providence of the Committee of the American	
MAN HEGGEN EXPERTED BY	
RECEIVED	
The Open Committee of the Committee of t	

BEGRIVED AU 29 1951 BULLAU V. 8

Thursday

# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02421

		CERTIFICAT	E OF DEAT	CH 1	Reg. Dist. No.	62
1. PLACE OF DEATH COUNTY	- oline	MARYLAND	2. USUAL RESIDENCE STATE	HOME) OF DEC	EASED. COUNTY	3 die
	rporate limits, write RUR	AL and LENGTH OF STAY (in chic place)	CITY (If outside corpo	orate limits, write F	RURAL and give	nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	S	-	STREET ADDRESS		dve location)	
3. NAME OF DECEASED (Type or Print)	/+ N NA	(Middle) NONE	BOCZON	4. DATE OF DEATH	(Month) MARCH	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Sept. 2, 194	9 10	yrs.	year   If under 24 hrs. Days   Hours   Min.
done during most of w	TION (Give kind of work orking life, even if retired)	10h. KIND OF BUSINESS OR INDOSTRY	II. BUSTHPLACE (State	Land		CITIZEN OF WHAT
	JACOB B	OCZON '	Auli	UB BI	LAZEJA	+K
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates of service)	none le	17. INFORMANT AND	Boczon	, Deuten	s, he.
Immediate  Anteceden Diseases or e	t cause(s) onditiona, if any, the above cause aderlying cause last (c)	18. MEDICAL CE	Diphthesis	<b>3</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions contribu	ting to the death but not e or condition causing deat	h.				
19a. DATE OF OPER	CATION 198. MAJOR 1	INDINGS OF OPERATION				Yes No
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR		(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m,	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?		
	, -	e deceased from Mar.		•		
alive on/M.	4 , 1901, an	d that death occurred at	ADDRESS from the	e causes and on	the date sta	ted above. DATE SIGNED
23. BURIAL, CREMA			RY OR CREMATORY	LOCATION (City	, town, or county	(State)
DATE REC'D BY I	( ( ( ) )		24. FUNERAL/DIRECT	or Dont	on, he	ADDRESS
REG. 3/5/5	1 /mx	Device	1 Julinje		7 Dento	s, Jud.
		V				-

1961 87 may

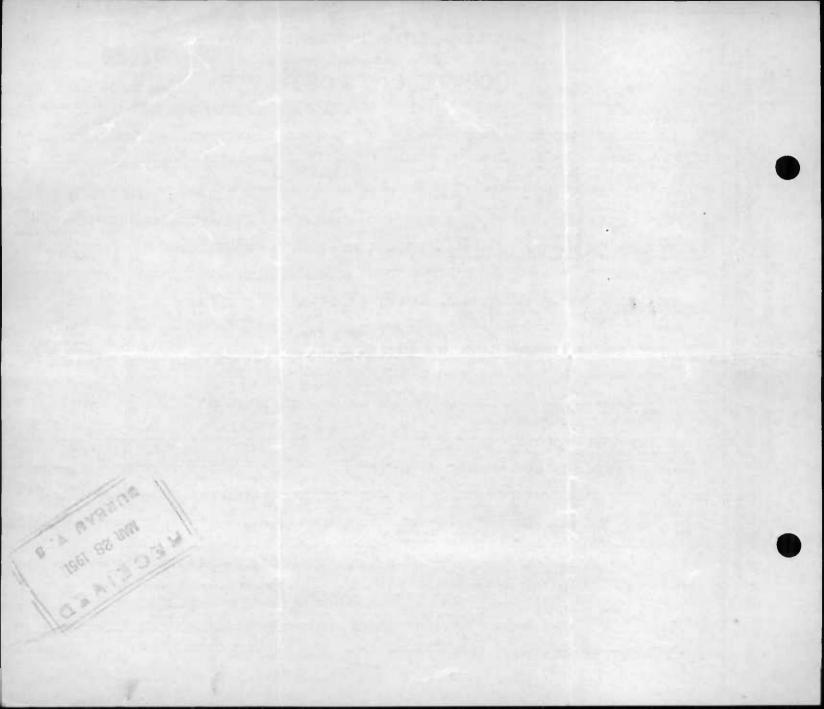
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2411 N. Charles Street, Baltimore

# 02422

## CERTIFICATE OF DEATH.

I. PLACE OF DE	ATH-	MARYLAND	2. USUAL RESIDENCE STATE		COUNTY Caroline
CITY (If outsice OR give near			OR -	orate limits, write RURA	AL and give nearest town)
HOSPITAL OR INSTITUTION STREET ADD	OR .		STREET ADDRESS 214	Denton Road	ocation)
3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) Edward	(Last) Dickerson	OF.	onth) (Day) (Year) arch 16 1951
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) manifely	8. DATE OF BIRTH Nov. 18, 1885	65 ym.	If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
done during most	UPATION (Give kind of worl of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY Atlantic Coast Line RR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	M. Dickerso		14. MOTHER'S MAIDE	N NAME	
	D EVER IN U.S. ARMED FORCE  VD) (If yes, give war or date    service)		Trank Dickers	ADDRESS n, Federalsbu	ig; hayland
		18. MEDICAL CI	ERTIFICATION		
I. DISEASES OR	CONDITIONS DIRECTLY	LEADING TO DEATH	2 brances	in	INTERVAL BETWEEN ONSET AND DEATH 3 - /8 - 5/
Immed	iate cause (a)	1700	- / neumou	ua	A - / 0 - 0
10 & Diseases	dent cause(s) or conditions, if any, se to the above cause the underlying cause last	aente	bronelu	tio	Mar. 1, 1951
Conditions cont	IFICANT CONDITIONS ributing to the death but not sease or coodition causing de	nth.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No 6
21. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, street, office bidg., etc.) JURY	(CITY OR	TOWN) ((	COUNTY) (STATE)
TIME (Mont OF INJURY	h) (Day) (Year) (Hour) m.	INJURY OCCURRED   While at Not While   Work   At work	HOW DID INJURY O	CCUR?	
22. I hereby c	ertify that I attended t	he deceased from Mus./	, 1951, to Mer	16, 1951, that	I last saw the deceased
alive on	1	and that death occurred at	. 0		date stated above.
SIGNATUR		(Degree or title)	ADDRESS	e causes and on the	DATE SIGNED
N.K	Esmall . 1.	no	Deulan 1.	nd.	Mar 20, 1651
23. BURIAL, CR. REMOVAL (S			ery or crematory	LOCATION (City, town	
DATE REC'D E		Tham Stom	J. J. Framptom	OR (	ADDRESS
				78	24506



# CERTIFICATE OF DEATH

CA

/		FOR MEDICAL	EXAMINERS		Reg. Dist. No	0
I. PLACE OF DEAT			2. USUAL RESIDENCE		CEASED.	v
Ca	aroline	MARYLAND	Marylar	nd	Caroline	9
	corporate limits, write RUR it town) Eralsburg — Rur		OR Feder	porate limits, write ralsburg —	RURAL and giv	ve nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRI	OR Houston B	ranch Road	STREET House	ston Branc	h Road	
3. NAME OF DECEASED (Type or Print)	(First) Nathaniel	(Middle)	(Last) ramptom	4. DATE OF DEATH	(Month) March	(Day) (Year) 26 1951
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH		Months	I year   If under 24 hrs   Days   Hours   Min.
	PATION (Give kind of work	1 (Specify) Married	February 29.	6 or foreign countr	yru. (	2. CITIZEN OF WHAT
done during suget of	per a life even if retired)	Maryland Plastics	Caroline Con	inty, Mary	land U	COUNTRY
13. FATHER'S NAI			14. MOTHER'S MAID			
	s Framptom		Frances J	ester		
(Yes, no or unknown	Ever In U.S. Armed Forces (If yes, give war or dates ( service)	16. SOCIAL SECURITY NO.	17. INFORMANT			
No	(service)	"   220–16–7688	Mrs. Nathani	el Frampt	om Federa	lsburg Md.
Diseases or giving rise stating the	ent cause(s) conditions, if any, to the above cause underlying cause last (c)	Chrome Sup	MUS			2/1105-
Conditions contrib	TICANT CONDITIONS outing to the death but not ase or condition causing deat	h.				
19a. DATE OF OP	ERATION   19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOPSY?
						Yes No No
PRIMARY OR C CAUSE OF DEAT	AUSE WAS PLA OF INJU-	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY O	R TOWN)	(COUNTY)	) (STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY	OCCUR?		
obtained by 83	id Autopsy, Inspection on all causes □, accident □	tins described above, held an A r Inquiry, find that said dece.  , suicide _, homicide _, (Degree or title)  M.D., Deputy Medic	used died on the day sto undetermined □. ADDRESS	ated above, and	death in my	from the evidence opinion resulted  DATE SIGNED 3/27/51
23. BURIAL, CREA	MATION VOATE THERE	OF NAME OF CEMETE	BY OR CREMATORY	LOCATION (CH		ity) (State)
DATE REC'D BY REG.	LOCAL   REGISTRAR'S		24. FUNERAL DIREC J.J.Framptom	TOR	/	ADDRESS

640419

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M



#### CERTIFICATE OF DEATH

Reg. Dist. No.... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Caroline STATE Maryland MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) Town Federalsburg 33 (in this place) Federalsburg TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR 221 Maple Avenue ADDRESS 221 Maple Avenue STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Hallowell Lewis 19 1951 (Type or Print) March DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) MAIN 1 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Feb. 9, 1893 Months | Days | Hours | Min. Male White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) Holt Oil Co. Dorchester County, Maryland (COCHTAY) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Hallowell Bettie Stewart 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of 213-03-9643 Mrs. Lewis E. Hallowell, Federalsburg, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 4-10 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 🗆 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY At work 22. I hereby certify that I attended the deceased from /- /3 195.0, to 3-19, 195/, that I last saw the deceased alive on.3 A95, and that death occurred at 10 P. m., from the causes and on the date stated above. (Degree or title) SIGNATURE DATE SIGNED March 20, 1951 Federalsburg, Maryland M. D. mon NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

1 Hill Crest emetery Federalsburg, aryland 23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF March 22. 1951 Hill Crest DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR J. J. Framptom and Son, Federalsburg, Md. Wareh 21, 1951 J. J. Fram Hom

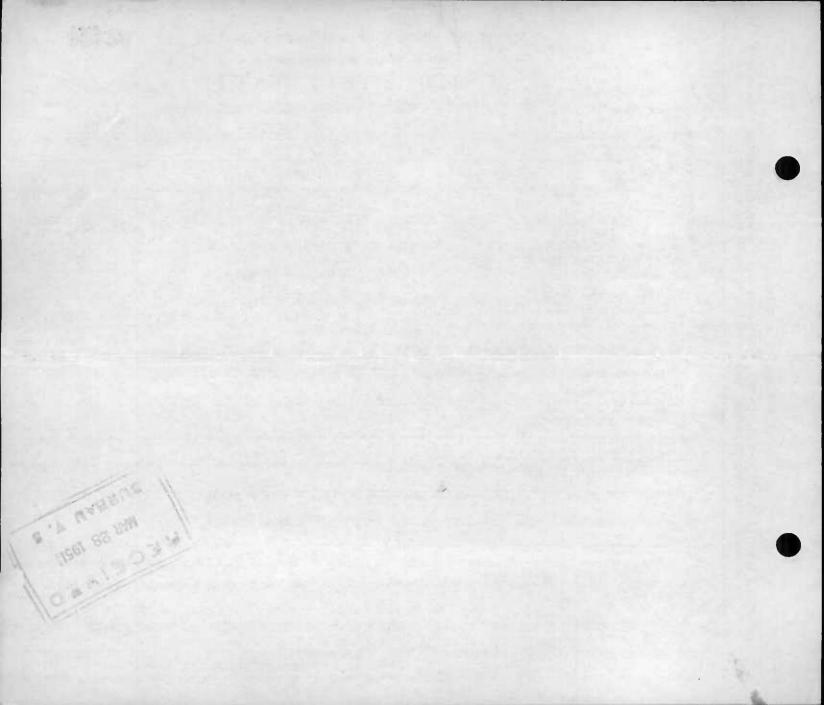
every item 44 Suppl write MARGIN RESERVED PLAINLY, WITH UNFADING INK. s especially important. Physicians: please WRITE

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of information carefully death clearly and legibly.

PLEASE



2411 N. Charles Street, Baltimore

CERTIFICAT	E OF DEAT	H Reg. Dist.	No. 4/
1. PLACE OF DEATH ROLL 1 de Conul Nome COUNTY COUNTY COUNTY COUNTY CONTROL 1 de Conul Nome CITY (Il outside corporate limits, prite RURAL and LENGTH OF STAY	2. USUAL RESIDENCE (STATE	HOME) OF DECEASED.	chas le
OR give pearest town) TOWN HOSPITAL OR INSTITUTION OR	OR TOWN STREET ADDRESS	(If rural give location	
STREET ADDRESS RIVE-CIDES COM U.S. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(D-1) (Y-1)
(Type or Print) many landson	Hanpen	OF DEATH 3	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	yrs. Mon	nder 1 year   If under 24 hr tha Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or NDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN	name Car	140
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	f ( )	4. Horper	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, officery Workley	Lacder 6	culos Dise	20
giving rise to the above cause stating the underlying cause last (c)	***************************************	**************************************	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR	TOWN) (COUN	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not Work   At work	HOW DID INJURY OC	CCUR?	
22. I hereby certify that I attended the deceased from M.M	, 19.48, to Man.	1.Q., 195.1., that I las	t saw the deceased
alive or 19. and that death occurred at	Appress from the	causes and on the date	stated above. DATE SIGNED
23. BURIAL, CREMATION DATE NAME OF CEMETE	Precision OR CREMATORY   1	COCATION (City, town, or co	3-10-57 mmty) (State)
WEMOVAL (Specify) Mat 19 1951 Townson	R	Hurlows	E
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	21 DINEBAL DIRECTO	lloug Lo	ADDRESS
	0	- 1-6/1 1 770	L 1051 -

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PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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The state of the s March St. Committee Commit

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BURBAU V. E.

MALCEDON

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2411 N. Charles Street, Baltimore

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

#### CERTIFICATE OF DEATH

02426

CERTIFICAT	E OF DEATH Reg. Dist. No
I. PLACE OF DEATH. COUNTY Orolene MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Croles.
CITY (If outside corporate limits, write RURAL and CITY (In this place) TOWN	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (Type or Print) SARAH (Middle)	IRELAND OF MARCH 3, 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life evon if retired)  INDUSTRI	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Parks	14. MOPHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, the war or dates of service)	Mr. Kolert Treland Danton, had
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN ONSET AND DEATE
597 Immediate cause we cerebral He	ceptos o hemblegra
Antecedent cause(s) Diseases or conditions, if any Carles pelantes	Carles Obsculor Disease
giving rise to the above cause stating the underlying cause last (c)	ref butos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While st Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb. 5.	
Signature:	ADDRESS from the causes and on the date stated above.
bless Hot new for Met	precedon had havel 61557
RESCOVAL (Sperty) Tuer 6, 1951 Greens	OVERTHER LOCATION (City, town, or county)  (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/6/51 Dy & Deorge	24. FUNERAL DIRECTOR Denton les

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# mation carefully. The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

112427

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
Caroline MARYLAND	Maryland Caroline
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Ridgely	Town Ridgely
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Ye
DECEASED 1/4 7 7 4 mm	OF
(Type of Print) WIIIIM HENRY  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	Ireland   DEATH March 15 19 8. DATE OF BIRTH   9. AGE last hirthday   If under 1 year   If under 2
Male White WIDOWED, DIVORCED, (Specify) Married	Jan. 18. 1886 65 yrs. Months Days Hours 1
done during most of working life even if retired) INDUSTRY Bycycles	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF W. COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Ireland	Martha W. Downs
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown)   (If yes, give war or dates of	
service)	Mrs. Helen Ireland-Ridgely, Md.
18. MEDICAL CE	RTIFICATION INTERVAL BETW
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONGER AND DE
	Thrombosis'
A to a decident	- 10-01/101 14/3
Immediate cause (a) oronary	
1001	2 , 0 , 0
120. / Antecedent cause(s)	Pennel artem sclewers
120. / Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause	Pennel Centern sclaves
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last	Pennel Centern sclaves
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Pennel artens sclewers
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last	Pennal Centern scleros
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Pennal Centern & Clary & & P.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Perceal Conterns claves
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Pennal Centern & Clary & & 8
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pennal Centern & Clary & & 8
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	Pennal Centern & Clary & & 8
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	CITY OR TOWN) (COUNTY) (STATE)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour)   INJURY OF Office bidg., etc.)  TIME (Month) (Day) (Year) (Hour)   While at Not While INJURY  More At work	Courty or town)  (CITY OR TOWN)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour)   INJURY OF Office bidg., etc.)  TIME (Month) (Day) (Year) (Hour)   While at Not While INJURY  More At work	Courty or town)  (CITY OR TOWN)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  22. I hereby certify that I attended the deceased from Manual	CITY OR TOWN)  (CITY OR TOWN)  (COUNTY)  (COUNTY)  (STATE)  HOW DID INJURY OCCUR?
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  22. I hereby certify that I attended the deceased from Manual 15, 195, and that death occurred at	CITY OR TOWN)  (CITY OR TOWN)  (COUNTY)  (COUNTY)  (STATE)  HOW DID INJURY OCCUR?  (A., m., from the causes and on the date stated above.
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  22. I hereby certify that I attended the deceased from Manual	Courty or town)  (CITY OR TOWN)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  22. I hereby certify that I attended the deceased from Manual 15, 195, and that death occurred at	20. AUTOPSY!   Yea   No   (CITY OR TOWN) (COUNTY) (STATE)    How DID INJURY OCCUR?   How DID INJURY OCCUR?   195.   to Mark   5., 195.   that I last saw the decease   ADDRESS   DATE SIGNE
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF OF OF OPERATION  22. I hereby certify that I attended the deceased from Manual Control of the disease of the disease of the deceased from Manual Control of t	20. AUTOPSY:   Yes   No     (CITY OR TOWN) (COUNTY) (STATE)    HOW DID INJURY OCCUR?    How DID INJURY OCCUR?    ADDRESS   DATE SIGNE     Lecerobic   Necl   New Cl.   9 5
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  22. I hereby certify that I attended the deceased from Manual 15, 195, and that death occurred at SIGNATURE:  (Degree or trie)	Court   County   Co
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  22. I hereby certify that I attended the deceased from March SIGNATURE:  (Degree or title)  23. BURIAL, CREMATION DATE THEREOF REMOVAL Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	20. AUTOPSY:   Yes   No     (CITY OR TOWN) (COUNTY) (STATE)    How did injury occur?   How did injury occur?   195.   to Man.   5., 195.   that I last saw the decease of the days stated above. DATE SIGNE     ADDRESS   DATE SIGNE     CREMATORY   LOCATION (City, town, or county) (State)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF INJURY  22. I hereby certify that I attended the deceased from Month of the control of the	20. AUTOPSY!   Yes   No     (CITY OR TOWN) (COUNTY) (STATE)    HOW DID INJURY OCCUR?
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  22. I hereby certify that I attended the deceased from March SIGNATURE:  (Degree or title)  23. BURIAL, CREMATION DATE THEREOF REMOVAL Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	20. AUTOPSY:   Yes   No     (CITY OR TOWN) (COUNTY) (STATE)    HOW DID INJURY OCCUR?    Location (City, town, or county)



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

112428

/					
1. PLACE OF DEAT COUNTY	H)	MARYLAND	2. USUAL RESIDENCE (	HOME) OF DECEA	SED. COUNTY
CITY (If outside OR give neares	corporate limits, write RUR		CITY (If outside corpor OR TOWN	mte limite, write RUF	RAL and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	ress.	1	STREET	(If rural, give	location)
3. NAME OF DECEASED (Type or Print)	MARY	(Middle)	JOINER	OF DEATH A	Month) (Day) (Year)  AR. 2, 1951
5. SEX	6. COLOR OR MACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specifyllarmed)	Dec 7, 1901	9. AGE last birthday	Months   Days   Hours   Min.
	ATION (Give kind of work working life, eyen if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BINTHPLACE (State		12. CITIZEN OF WHAT
d	. d. 17	rice	14. MOTHER'S MAIDEN	le Wa	rks
	EVER IN U.S. ARMED FORCES (If yes, give war or dates service)	of	17. INFORMANT AND	Joeuar, D	suton, kid
I. DISEASES OR C	ONDITIONS DIRECTLY	18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
443 Immedia	te cause (a)	Ceuhar De	markage	89	
3  a Diseases or giving rise	nt cause(s) conditions, if any, to the above cause underlying cause last	Chesnes Key	thereto a	ey feele	-AS
Conditions contrib	ICANT CONDITIONS outing to the death but not ase or condition causing deat	ch.	1		
		FINDINGS OF OPERATION	0		Yes No No
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR		(COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	Work At work	HOW DID INJURY OC	CCUR?	
22. I hereby cer	tify that I attended th	e deceased from Man.	1, 1951, to Mar	2,1951, tha	t I last saw the deceased
SHVe/op N. SIGNATURE	LX Since	d that death occurred at (Degree or title)	ADDRESS	causes and on the	DATE SIGNED
23. BURIAL, CREM REMOVAL (Spe	(2) Tuar, 4,	451 1) ento	Tub I	LOCATION (City, to	neary land
DATE REC'D BY REG. 3/3	LOCAL REGISTRAR'S	4 Jeange	24. FUNERAL DIRECT	noore of of	on Delita, had
			0	4	190687

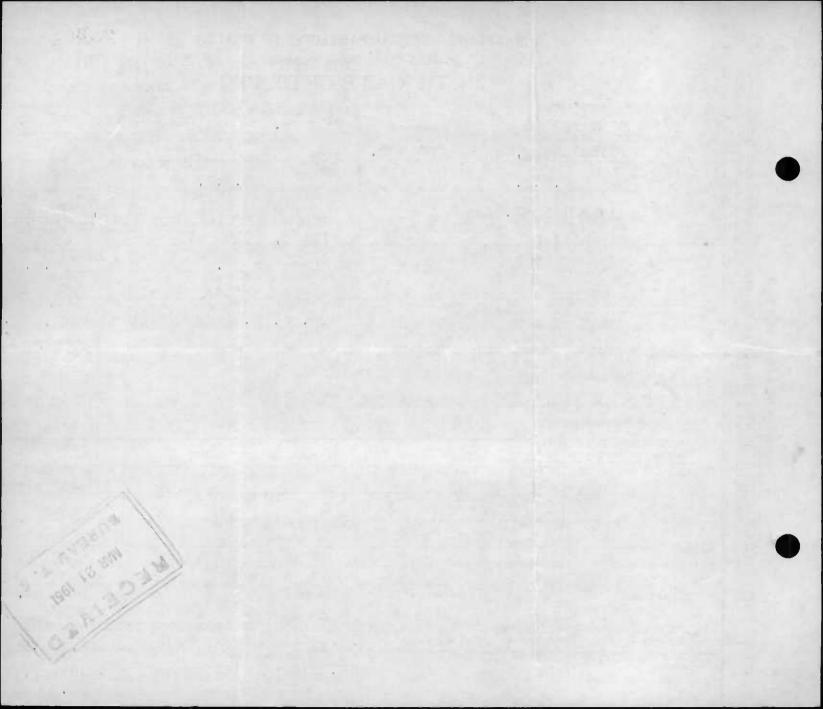
ISO ST NAME OF THE PARTY OF THE

2411 N. Charles Street, Baltimore

# 02429

## CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
County Caroline MARYLAND	STATE Md. Caroline COUNTY
CITY (If outside corporate limits, write RURAL and OR give nerget Talsburg, (inchis pre).	CITY (II outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.	STREET (If rural, give location) ADDRESS R.F.D.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year) OF TOP
(Type or Print) Villiam J. Lane 5. SEX   6. COLOR OR RACE   7. SINGLE MARRIED.)	DEATH March 15, 1951 19   8. DATE OF BIRTH   9. AGE last hirthday   If under 1 year   If under 24 hrs.
6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	April 28, 1879 71 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	Dorchester Co. U.S.
James Lane	Helena Charles
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. W. J. Lane Federalsburg, Md.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset and Deate
Immediate cause (a) Sastruc (a)	emontage
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	of the stomach
stating the underlying cause last	
96 X (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	rotic heart disease
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONEL WONE	Yee No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) OF INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY O'N m. Wile at Not While At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2205	+, 1950, to 15 March 1951, that I last saw the deceased
alive on 15 March 19 57, and that death occurred at & SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Gan Chawlins MD	Lederalogura Md 17 march 51
( (Specific)	RY OR CREMATORY LOCATION (City, town, or county) (State)
10/10/01   Dether Cell	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ADDRESS
march 17, 1951 Werett luttle Leguly	J. Harvey Williamson Federalsburg.
	J. Harry Wellowy 100115 Md.



MARGIN RESERVED FOR BINDING

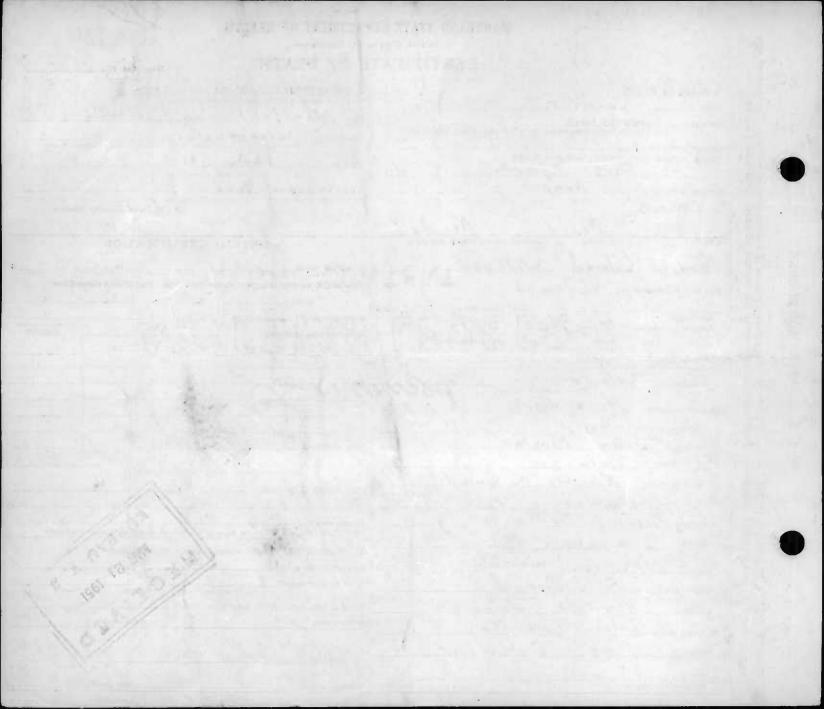
VS A15 9-45-15M

#### MARYLAND STATE DEPARTMENT OF HEALTH

02430

#### CERTIFICATE OF DEATH

2411 N. Cha	arles St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County County (If outside city or town limits, write RURAL and give nearest town)  Street No. (If raral, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME Mary Mosley	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20, DATE DE DEATH. MARCH 17 19.51 5 A.
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased trem  19.50 10. MAN. 1.7. 19.5.  ars and that Llast saw h. L. Alive on MAN. 1.6. 19.5.
1. Sirin date of deceased (mo., day, yr.)   March, 25   1875   1880     8. AGE: Years   Months   Days   If less than one day	Instediate cause of death DURATION
9. Birthplace Daloware (Town, county, and state)  10. Usual occupation. House work 15	Que to
11. Industry or business Salf. 46.	Other conditions dieronic Influence
14. Malden name Elechia B. Smith.  15. Birthplace Greensboro Md.	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Folge 11.0 B. Smith  Address Greenshare Md.	Antopsy results  PHYSICIAN: Please noderline the cause to which death should be charged statistically.
17. But 1. (Burial, cremation, or removal, Which?)  Date thereot. March 20/57  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Location Cheswold Dolowson	Where did injury occur?
Address Dover Delaward	23. SIGNATUR Reach & December 18th D. por other
19. (Date rec'd by registrar) Registr	Address fileer on Mid Dal signed Munch 1



The correct age

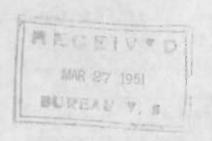
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02431

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside forporate limits, write RURAL and give nearest town)
OR give neargh town) TOWN  (in this place)	TOWN Treas Treessoro Bl.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (Middle) (Type or Print) (Middle)	Lields   4. DATE (Month) (Day) (Year) OF DEATH Acak. 21 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Low Press, Married)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry  10c. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT
13. FATHER'S NAME Frank Stuelds	14. MOTATR'S MAJOEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or dates of service)	albert Suelds It Sequebord
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Political	causto ser.
Immediate cause	70009
442 Antecedent cause(s)	cular Kenal Chauses
Diseases or conditions, if any, (b)	Turk Torra wanger
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	
108. DALL OF OTERALION 109. MINJOR PHODINGS OF OPERATION	20. AUTOPSY?
100. MAJOR PROPERTY.	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	Yes No 🖸
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY OCCURRED OF OF	(CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY OCCURRED OF OF	(CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY OCCURRED OF INJURY   INJURY OCCURRED While at Not While INJURY   Not Work   At work	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  (STATE)
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY OCCURRED OF INJURY   INJURY OCCURRED While at Not While INJURY   Not Work   At work	(CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY OCCURRED (While at Not While INJURY OF At work   22. I hereby certify that I attended the deceased from Manual 24, 192, and that death occurred at	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  (STATE)  1092, to Machine, that I last saw the deceased above.
21. ACCIDENT SUICIDE OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Market SIGNATURE (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  (STATE)  1092, to Machine, that I last saw the deceased above.
21. ACCIDENT SUICIDE OF office bidg., etc.)  12. ACCIDENT OF office bidg., etc.)  13. HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Management of the state of the	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  Machine, that I last saw the deceased  m., from the causes and on the date stated above.  ADDRESS DATE SIGNED
21. ACCIDENT SUICIDE OF office bidg., etc.)  SUICIDE HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Market At work alive on Market Injury (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  Myes No



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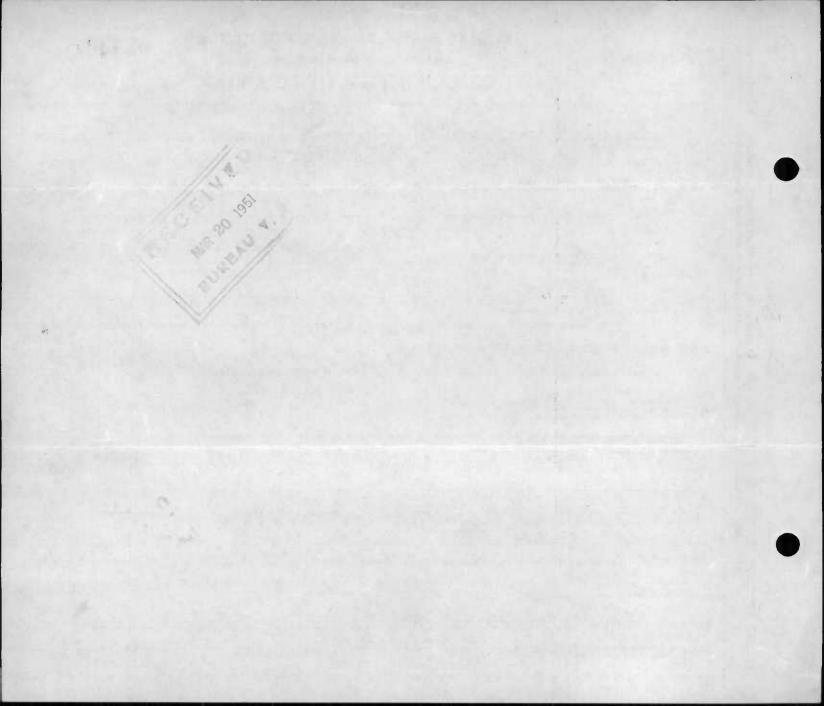
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02432

d)		
The	1. PLACE OF DEATH	2. USUAL RESIDENCE MOME) OF DECEASED COUNTY
	aroune MARYLAND	aroline
of information carefully death clearly and legibly.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN (in this flace)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OR TOWN
e ge	HOSPITAL OR	STREET (If rufal, give location)
nd l	INSTITUTION OR STREET ADDRESS	ADDRESS
Oice	3. NAME OF (First) (Middle)	(Last)   4. DATE /Michtly (Day) // (Year)
arly	DECEASED MARTIN 7SATES	SMITH DEATH 7 2 1951
for	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 brs.   Months   Days   Hours   Min.
는 라	WIDOWED, DIVORCED, (Specific dovied)	79V. 2, 1813 16 ym.
dea	10a. USUAL OCCUPATION Give kind of work done during most of wesking to, even if retired INDUSTRY	11. BIRTHPLACE (State or (greign country) 12. CITIZEN OF WHAT
of	13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
very it	anlo. Suith	
ans	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	(Yes, no, or unknown) [1] yes, give war or dates of service)	
24		the first the second of the se
Suppl write	18. MEDICAL CEI	INTERVAL BETWEEN
SL	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
INK.	Immediate cause (a) Track > //	ultiple practures immusiale
도움!	11116	
רְיה מי	Antecedent cause(s) Diseases or conditions, if any, (b)	
VFADING Physicians:	1700 giving rise to the above cause stating the underlying cause last	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Dia l	stating the underlying cause tast	
FA	11. OTHER SIGNIFICANT CONDITIONS	
UNFADING t. Physicians:	Conditions contributing to the death but not related to the disease or condition causing death.	
	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
WITH		Yes No P
I od	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg.,etc.)	(CITY OR TOWN) (COUNTY) (STATE)
L.H	HOMICIDE ACCIDENT INJURY Highway	Kual Drilaw Caroline Med-
25	TIME (Month) (Day) (Year) (Hour) INJURY OCCUPTED While at Not While	HOW DID INJURY OCCUR?
N. Sci.N	INJURY / 10 /73 , 3 cm.   Work   A work	lein down by Bulomoldo or Highway
PLAINLY, is especially	22. I hereby certify that I attended the deceased from Broad W	key f Saw ham 19, that I last saw the deceased
EI.	alive on, 19, and that death occurred at	3.45Pm. from the causes and on the date stated shove
	SIGNAPORE (Degree or title)	ADDRESS DATE SIGNED
WRITE	Harron 1 Teorge Orphy Wellens	Examp An La Vind 3/13/51
	23. BUHIAL, CREMATION   DATE THEREOF NAME OF CEMETER	Y OR GREMATORY   LOCATION (City, town, or county) (State)
PLEASE	Pariotal (Strolly) har. 14, 1951 Wesley Ch	weligard Burroville han land
E	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. CUNERAL DIRECTOR ADDRESS
Д	REG. 3/13/51 /ma P Jeorge	legal mores dan, senton hel.
		() Cause
		74010>

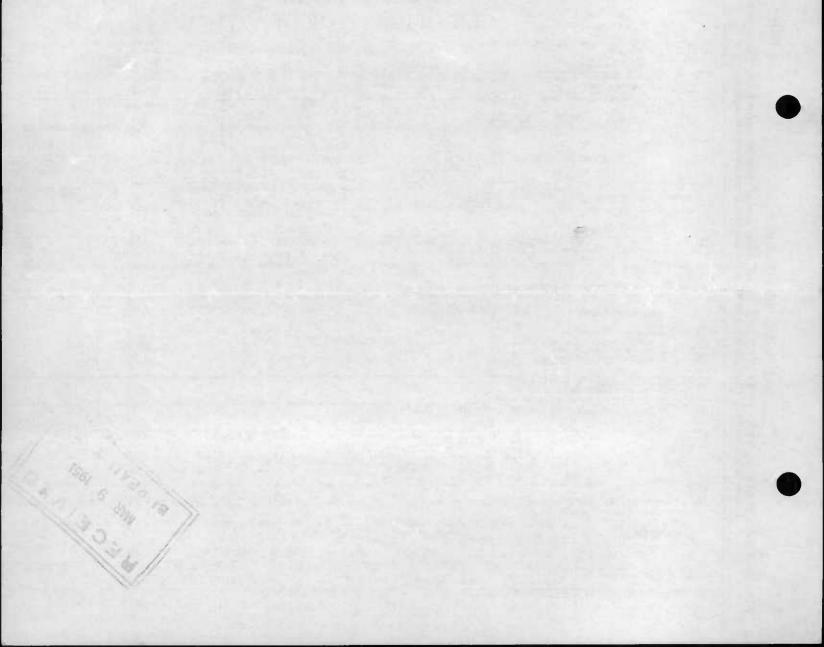


2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

112433

I. PLACE OF DEATH COUNTY CATC		MARYLAND	2. USUAL RESIDENCE (I		CEASED COUNT	Y	
0000	orporate limits, write RUR.	Maryland Caroline  CITY (If outside corporate limits, write RURAL and give nearest town)					
OR give nearest	eralsburg - Ru	Town Federalsburg - Rural					
HOSPITAL OR			STREET (If rural, give location)				
INSTITUTION OR STREET ADDRESS Near Tanyard			ADDRESS Near Tanyard				
3. NAME OF DECEASED	(First)	(Mlddle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Frank	W.	Wagner	DEATH .	March	5	1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIO WEG	s. DATE OF BIRTH May 19. 1858	9. AGE last bir 92	Months	l year  If	under 24 hrs
10a. USUAL OCCUPA	ATION (Give kind of work		11. BIRTHPLACE (State		yrs. (	2. CITTEEN	OP WHAT
done during most of w	orking life, even if retired) Farmer	Berwick, Pennsylvania 12. CITIZEN OF WHAT U.S. A.					
13. FATHER'S NAM		14. MOTHER'S MAIDEN NAME					
Edward	Wagner		Unknown				
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND				35-
No	(If yes, give war or dates of service)	None	Mrs. J.Francis	Turpin,	Federal	sburg,	Md.
		18. MEDICAL CE	RTIFICATION			1,	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	1. //1/	- )			ND DEATH
T Alaka	(0)	That Fail	un (Olac	(ge)		Grad	tual
Immediate	cause (*)	00 / 1	1	4		2	7
4000 Anteceden	t cause(s)	Tenually of	Menosel	cous			
97 giving rise to	the above cause	7	X 2 7 - x = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*************	- paga gagasan amalah dire kalahar kristor at k a kali		***************************************
stating the u	nderlying cause last (c)						
11. OTHER SIGNIFIC	CANT CONDITIONS					1	
Conditions contribu related to the diseas	ting to the death but not se or condition causing deat	h.					
19a. DATE OF OPE	RATION 19b. MAJOR E	INDINGS OF OPERATION				20. AU	OPSY1
						Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	rown)	(COUNTY)	(ST	ATE)
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?			
OF INJURY	m.	While at Not While Work At work					
		e deceased from 1927	7 May	310 5			
22. 1 hereby certi	fy that I attended the	e deceased from	, 19, to/!\9	, 19.2.7.,	that I last a	aw the	eceased
alive on	w 27" po 2/, an	d that death occurred at	11 a. m., from the	causes and o	n the date st	ated abo	ve.
SIGNATURE	D 0	(Degree or title)	ADDRESS				SIGNED
11/1/	Calma	M. D.	Federalsburg, Ma	ryland	March	16.1	951
23. BURIAL, CREM	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY   1	LOCATION (Cit	y, town, or coun	ty)	(State)
REMOVAL Speci		1951 Bethel Ceme	tery	lear Fede:	ralsburg,	Md.	
DATE REC'D BY I	LOCAL   REGISTRAR'S	SIGNATURE	J. J. Framptom	OR and Can	Federale	ADDR	ESS
March 6 195	12.2.44	:amptom	1. J. Framptom	and son	rederate	nor 2 %	
				Timber	1001	05	



2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE Caroline Maryland MARYLAND Caroline CITY (If outside corporete limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) OR give nearest town)
TOWN RUTA Denton TOWN Rural Denton HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS None lone ATE 3. NAME OF (First) (Middle) (Last) (Month) (Day) (Year) DECEASED Elizabeth (Type or Print) Marv Woodward DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1 0 0 W Od 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE jast birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. 11/28/1863 White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY None 12. CITIZEN OF WHAT COUNTRY . S . A Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William E. Fluehardy Efflender Frazier 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of Bernace Evans Owens Mills. Md. None service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [ No [ PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Zon. 5., 1950, to Man. 27, 1951, that I last saw the deceased 5.1, and that death occurred at 10, 10P m., from the causes and on the date stated above. (Degree or title) ADDRESS DATE SIGNED 23 BURIAL, CREMATION REMOVAL Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Spring Hill 3] Easton. TUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DDRESS

of information carefully. death clearly and legibly. ly every item the causes of o FOR Suppl write RESERVED NFADING INK. Physicians: please important.

especially PLAINLY

02

WRITE

PLEASE

APR 5 19511